

Congress of the United States

Washington, DC 20515

September 26, 2005

Boston Study
VA CARES Studies
P.O. Box 1427
Washington Grove, MD 20880-1427

Dear Committee Members:

We are writing to express our concern about the Stage 1 Recommendations for the VA Medical Centers in the Boston area in the Capital Asset Realignment for Enhanced Services feasibility study. The CARES Commission was created to enhance the quality of care for veterans by realigning the infrastructure of the Veterans Health Administration. As part of the CARES process, the Commission recommended a study to examine the feasibility of redesigning the Boston area Department of Veterans Affairs health care delivery system. The results of that study were presented to Congressional staff on September 12th.

Based on that briefing, it is clear that the feasibility study does not comply with the CARES mandate. None of the options enhance care for the veterans. Four of the options actually decrease the primary care available to veterans, and the other five do not improve upon the status quo.

In addition, we are greatly troubled by the lack of detail provided by the feasibility study and its methodology. The Congressional briefing did nothing to shed greater light on those options. Before you select particular options for further study, we ask you to provide greater detail on all nine options.

First, we urge you to detail the methodology used to develop with your projections for patient demand. We are concerned that the projections for the number of enrolled veterans in the VISN 1 East Market do not include soldiers returning from Iraq and Afghanistan, or the types of injuries they have sustained. We do not believe there will be a decline in the overall number of enrolled veterans and we certainly do not envision a decline in the need for outpatient mental health services.

We are also concerned that the CARES methodology does not reveal its assumptions on long-term nursing care. The long-term nursing home numbers have never been published. We urge you to examine in more detail your projections and explain the methodology used to determine your projections. If the methodology is not sufficient, the result may well be drastically inadequate health care for the veterans in the region.

Second, we ask you to provide your assumptions on the impact on the facility staff with in each of the options. Each option implies that all employment will remain at similar wages and benefits, but does not take into account the hardships that changes in conditions will impose

upon employees and their families. Any services transferred between locations will require employees to commute greater distances. As a result, many of the VA's skilled professionals may seek alternative employment closer to home, leaving the system without their expertise and jeopardizing their continuity of care. The shortage of health care professionals in the VA is already serious. The proposals, as presented, would cause an additional drain on the current workforce, and recruiting health care workers to replace that loss does not seem possible under the current compensation and benefits available.

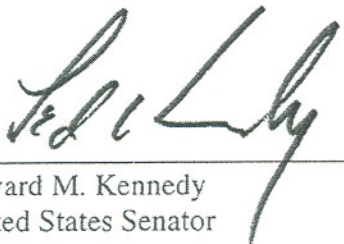
Third, we are concerned that your study assumes that the Causeway Street Outpatient Clinic will be closed in 2006. As you may know, we passed legislation to ensure that the Causeway clinic must remain open at least until the CARES study was complete. The intent of the law was for the future of the Causeway Clinic to be included as part of your study. Assuming the closure of the Causeway Street Clinic as part of the study violates the clear intent of Congress. We urge you to follow through with your obligations to assess all VA facilities in the Boston area, including the Causeway clinic. Boston is the largest metropolitan area in the region with the highest concentration of veterans. Any realistic attempt to provide accessible care to veterans in VISN 1 must include a downtown Boston clinic. Currently, the Causeway Street Clinic fills that role, and its closure would create a void in the region. Homeless veterans, disabled veterans and many other veterans struggling with difficult or chronic health conditions rely on the downtown site because of its convenient location, and we are especially concerned that a significant portion of these veterans will be unwilling, or even unable, to travel to a site outside of downtown Boston.

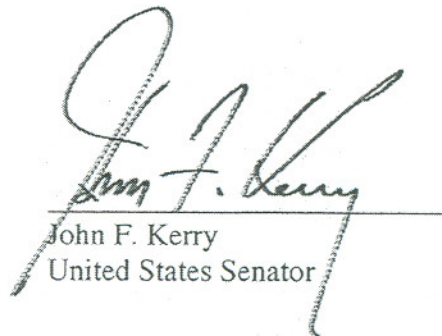
We cannot support any proposal that will reduce the health care services available to these veterans. Our men and women in uniform are making great sacrifices for the nation in Iraq and Afghanistan. They should not have to sacrifice their health care when they return. We urge you abide by the CARES mandate and reject any proposals that do not enhance health care for veterans.

We look forward to working closely with you to enable the VA to continue to provide its essential services to veterans in Massachusetts. We urge you to take our suggestions into consideration as you move forward with your study.

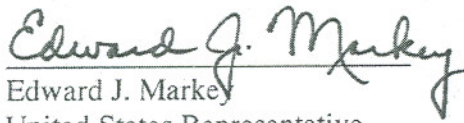
With respect and appreciation,

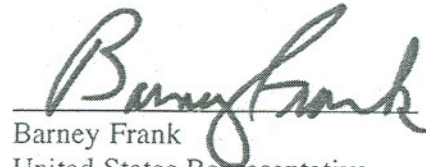
Sincerely,

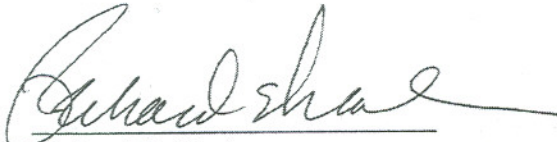


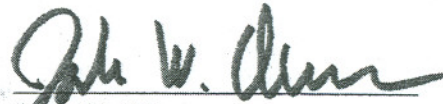
Edward M. Kennedy
United States Senator

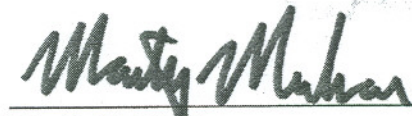
John F. Kerry
United States Senator

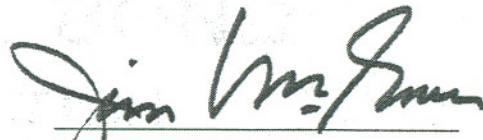

Edward J. Markey
United States Representative

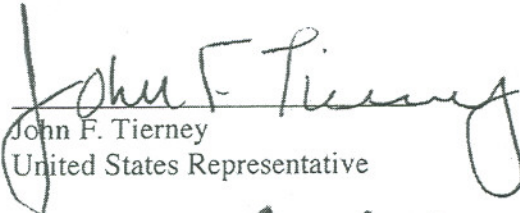

Barney Frank
United States Representative

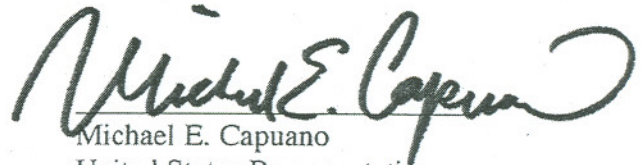

Richard E. Neal
United States Representative


John W. Olver
United States Representative

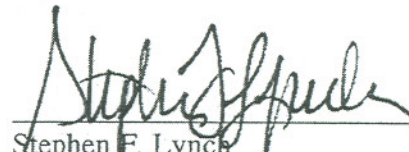

Martin T. Mehan
United States Representative


James P. McGovern
United States Representative


John F. Tierney
United States Representative


Michael E. Capuano
United States Representative


William D. Delahunt
United States Representative


Stephen F. Lynch
United States Representative